## FAMILY/GROUP FAMILY DAY CARE

# TRAINING RECORD*

MN Rules, part 9502.0345, H. requires that the agency maintain records of training completed by providers and caregivers. This information should be maintained by the provider and submitted to the agency on request.

**Relicensing Year:** _____

**Provider Name** *(if different)*: _____ **Name of Caregiver/Helper:** _____

| Subject or Description of Training | Training Institution | Instructor | Date Completed | Hours |
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*See Minnesota Rules, part 9502.0385, subparts 2 and 3 for training requirements.